PEDIATRIC COMMUNITY-ACQUIRED PNEUMONIA CLINICAL GUIDELINE

Guideline Eligibility Criteria:
- Age 3 months to 17 years
- Previously healthy children with no underlying conditions
- Clinical findings of CAP

Guideline Exclusion:
- Aspiration
- Immunocompromised children
- Recent hospitalization (<7days before the onset of illness)

Assessment: Respiratory status (rate for age, WOB, crackles, decreased or abnormal breath sounds), AMS, apnea, pulse ox < 90% on room air, Immunization Status (DTaP, Pneumoccocal, influenza, HiB), Exposure to TB

Intervention: oxygen to keep sats >92%, IVF if clinically indicated.

Meets inpatient criteria:
O2 sats < 90%
Not tolerating PO
Age 3 to 6 mo
Respiratory distress

NO

YES

Severely ill?

NO

YES

Tachypnea
Age 0-2mo: >60
Age 2-12mo: >50
Age 1-5 yrs: >40
Age >5 yrs: >20

WHO Criteria for severe illness
Not able to drink
persistent vomiting
convulsions
lethargic or unconscious
stridor in a calm child

Outpatient Management

Influenza: oseltamivir (or zanamivir for children ≥7)

Presumed bacterial:
- Preferred: amoxicillin (Alternative: augmentin)
- PCN allergic: CTX, cefotaxime, or clindamycin

Presumed atypical: Azithromycin

>5years old: Consider empiric addition of azithromycin

Repeat CXR in 4-6 wks if concern for lung collapse to r/o mass,

Inpatient Management:
Uncomplicated CAP
- CXR at admission
- No labs required
- Start therapy

Inpatient Management:
Severe or concern for Complicated CAP
- CXR at admission
- Labs to consider: Flu/RSV if <3yrs, Flu if >3 yrs, (RVP only if Flu/RSV negative), Blood culture x1, CRP/ESR (only to trend improvement)
- *CBC is not helpful in trending disease or determining viral vs bacterial cause*
- Start therapy

ANTI-MICROBIAL THERAPY

Immunized
- Ampicillin or penicillin G
- Alternatives (PCN allergic): ceftriaxone, cefotaxime, clindamycin

Not Fully Immunized for H. flu and S. pneumo
- Ceftriaxone or cefotaxime

Resistant organism
- Ceftriaxone 100 mg/kg/day divided q12-24h

***Add macrolide only if M. pneumonia or C. pneumonia are significant considerations*

***Start oseltamivir if influenza + or if high suspicion for influenza even if test negative*

If severely Ill consider:
- Empiric influenza treatment
- CA-MRSA, add vancomycin or clindamycin

Continued Considerations
- D/c antibiotics if RVP positive
- D/c IVF when tolerating PO
- Change to oral antibiotics upon clinical improvement
- Repeat CXR if no clinical improvement in 48 to 72 hrs

Discharge Criteria
- Tolerating PO
- No supplemental O2 for 12-24h
- Respiratory rate normal for age

Created 6/2015. Based on IDSA CAP guidelines 2011.